

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000074888 (4)

1. Corporation Name
RESTORATORS OF SOUTHERN FLORIDA, INC.

Principal Place of Business 150 HUNTINGTON DRIVE B-303 NAPLES FL 34109	Mailing Address 150 HUNTINGTON DRIVE B-303 NAPLES FL 34109-1604
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2. Principal Place of Business 21 9650 VICTORIA LANE Suite, Apt. #, etc. 22 UNIT B-303 City & State 23 NAPLES, FLORIDA Zip 24 34109 Country 25 USA		2a. Mailing Address 26 3106 Tamiami Trail N. Suite, Apt. #, etc. 27 Suite 157 City & State 28 Naples, Florida Zip 29 34103 Country 30 USA		3. Date Incorporated or Qualified 09/08/1996	3a. Date of Last Report
				4. FEI Number 57-1053003	Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ALIAS, ILAN 150 HUNTINGTON DRIVE B-303 NAPLES FL 34109		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9650 VICTORIA LANE 83 UNIT B-303 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	ADDRESSES ONLY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALIAS, ILAN	1.2 NAME	9650 VICTORIA LANE UNIT B-303
STREET ADDRESS	150 HUNTINGTON DRIVE B-303	1.3 STREET ADDRESS	NAPLES, FL. 34109
CITY-ST-ZIP	NAPLES FL 34109	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	GOMEZ, BERNABE
STREET ADDRESS		2.3 STREET ADDRESS	3106 TAMAMI TRAIL NORTH #157
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NAPLES, FLORIDA 34103
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	PEREZ, RAMON
STREET ADDRESS		3.3 STREET ADDRESS	3106 TAMAMI TRAIL N. SUITE 157
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NAPLES, FLORIDA 34103
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/28/97 (941) 732-9345
Date Daytime Phone #

CR2E034 (9/96)